1 CAK (20

ndidate's Name(print)	YULKIY	Office	District (if applicable)
	82249		
tiling address (include city an		LASVELA	5
	· ·		•
		I – DUE $AUGUST$ r 17, 1994, for an office with a	, ,
		21, 1996, for an office with a	
Report Perio	d Began: December	r 19, 1998, for an office with a	two year term
	Report Period	l Ends: August 23, 2000	
Cash on hand fro	nm nrevious camps	ign (should equal the balance	shown on your last disposition
of unspent contributions rep			shown on your last apposition
		•	
•	CONTRIBUTI	ONS SUMMARY	
1. Total Amount of contrib			27,800.00
Total Amount of contrib Total amount of contrib	outions in excess of S	5100	27,800.00
	outions in excess of S utions of \$100 or les	5100	27,800.00
2. Total amount of contribu	outions in excess of S utions of \$100 or les butions of \$100 or le	5100	27,800.00
Total amount of contribution Actual number of contributions	outions in excess of sutions of \$100 or less butions of \$100 or less butions of \$100 or le	s 100	27,800.00
Total amount of contribution Actual number of contribution Interest and income carr	outions in excess of sutions of \$100 or less butions of \$100 or less butions of \$100 or le	s 100	27,800.00 23.50 27,823.50
Total amount of contribution Actual number of contribution Interest and income care TOTAL AMOUNT OF	outions in excess of sutions of \$100 or less butions of \$100 or less led, if any	s 100	23.50
2. Total amount of contribution Actual number of contribution 3. Interest and income earn 4. TOTAL AMOUNT OF (add lines 1 through 3)	outions in excess of sutions of \$100 or less butions of \$100 or less ted, if any FALL CONTRIBUTED	S100 s ess	23.50 27,823.50
2. Total amount of contribute Actual number of contributes. 3. Interest and income earned. 4. TOTAL AMOUNT OF (add lines 1 through 3) 5. Total amount of expense.	outions in excess of sutions of \$100 or less butions of \$100 or less that if any FALL CONTRIBUTION EXP.	S100 s ess	23.50 27,823.50 7241.77
2. Total amount of contribute Actual number of contributes. 3. Interest and income earn. 4. TOTAL AMOUNT OF (add lines 1 through 3). 5. Total amount of expense 6. Total amount of expense.	outions in excess of sutions of \$100 or less butions of \$100 or less that if any FALL CONTRIBUTION EXP.	S100 s ess	23.50 27,823.50 7241.77 404.00
2. Total amount of contribute Actual number of contributes. 3. Interest and income earned. 4. TOTAL AMOUNT OF (add lines 1 through 3) 5. Total amount of expense.	putions in excess of sutions of \$100 or less butions of \$100 or less ted, if any EXP. EXP. Es in excess of \$100 or less of \$100 or less	STOO S S SIOO S S SIOO S S S S S S S S S S S S	23.50 27,823.50 7241.77

Prescribed by Secretary of State NRS 294A.120, 294A.200 EL20).001(rev. 04/00)

Executed on

Total number of pages for this reported

Signature of Candidate